

# Foster Family Home - Corrective Action Report

Provider ID: 4-100120

Home Name: Rowena Rabanes, CNA

Review ID: 4-100120-9

282 Iini Way

Reviewer: Terri Van Houten

Makawao HI 96768

Begin Date: 9/7/2020

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Unannounced home inspection for 2 bed CCFFH recertification. Report issued during home inspection with written plan of correction due to CTA by 10/8/2020.

## Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1) - Lapse in eCrim, due for renewal 7/5/2020 for CG # 1, CG# 2, CG #3 and CG #4.

8.(a)(2) - Lapse in APS/CAN, due for renewal 1/22/20 for CG #2, CG# 3, and CG# 4

## Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(5)(C)(iv) Use of an insured vehicle;

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(5)(C)(iv) - CG #2 and CG #3 are listed as drivers on the alternate transportation plan. No evidence of current vehicle insurance and no evidence that CG #2 and CG #3 are covered under the vehicle insurance policy.

41.(b)(8) - CG #1 CPR expired 5/2019

## Foster Family Home Insurance Requirements [11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1) - No evidence of updated liability insurance (expired 1/1/20)

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### Foster Family Home

### Fiscal Requirements

[11-800-52]

- 52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

Comment:

52.(b) - No evidence of fiscal records for 2020

### Foster Family Home

### Records

[11-800-54]

- 54.(c)(5) Medication schedule checklist;

- 54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(c)(5) - Client #1 Last documentation of medication administration was on 8/23/20. Sept. MAR missing from documentation. Missing MAR from 3/20 through 7/20

54.(c)(6) - Client #1 Last documented provision of care on flow sheet was on 8/23/20. Sept. flow sheet missing from documentation.

Client #1 - Service plan not reviewed every 6 months, evidenced by missing Service Plan from 7/20/19 missing from documentation.

Client #1 - missing RN/CM notes from 12/19, 11/19, 12/18-4/19



Compliance Manager



Primary Care Giver

9/8/2020

Date

9.8.2020

Date

CTA RN Compliance Manager: Terri Van Houten

**Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800**

PCG's Name on CCFFH Certificate: Rowena Rabanes

(PLEASE PRINT)

CCFFH Address: 282 iini wav Makawao, HI 96768

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8.a.1	This action can't be corrected once it's LAPSE.	10/08/20	Will take action by using a big wall calendar to put due dates on. Background checks will be done at least 3 weeks before due date to prevent future lapses.
8.a.2	This action can't be corrected once it's LAPSE.	10/08/20	Will take action by using a big wall calendar to put due dates on. APS/CAN will be done at least 3 weeks before due date to prevent future lapses.
41.b. 5.c.iv	Organize house binder thoroughly to prevent missing documents. Therefore placed a current copy of vehicle insurance immediately into the house binder. As well as a current copy of detailed vehicle car insurance policy placed in the house binder immediately.	9/10/20	To prevent this problem from happening again, Home will be more persistent on organizing the house binder in order not to lack of important documents in the house binder.

☒ All items that were fixed are attached to this CAP

PCG's Signature: \_\_\_\_\_

Date: 10/08/20

☒ CTA has reviewed all corrected items

**CTA RN Compliance Manager:** Terri Van Houten

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Chapter 11-800**

PCG's Name on CCFFH Certificate: Rowena Rabanes

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CCFFH Address: 282 iini wav Makawao, Hi 96768

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
41.b.8	I was able to get a current copy of CG#1 CPR certificate. filed the copy of CPR certificate immediately into the house binder.	9/10/20	To prevent this problem in the future, I will input reminders in my smartphone to alert me and write on sticky notes also on a big calendar next to the date when its time to update CPRs and file a copy into the house binder immediately.
51.a.1	An updated liability insurance that shows proof of CG#1, CG#2, CG#3 and CG#4 who are covered in the insurance was placed into the house binder immediately.	9/10/20	I will be more persistent on organizing the house binder and remind myself by leaving me big red flag sticky notes on my room walls not to hoard the important documents to my self and place the documents immediately into the house binder to prevent lack of information.

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PCG's Signature: 

Date: 10/08/20

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CTA RN Compliance Manager: Terri Van Houten

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CCFFH Address: 282 iini way Makawao. Hi 96768

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Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
52.b	This action can't be corrected.	10/08/20	To move forward on this matter, I will be more persistent on organizing the house binder by leaving red flag sticky notes and write on the big calendar to remind me that fiscal records should be done each month to prevent lack information in he house binder.
54.c.2	Monthly Monitoring nurse visited and updated a current service plan for client #1.	9/30/20	To prevent this matter, I will be more organize with clients binder and placing lots of sticky notes to remind me by making sure all service plans is up to date; reviewed by the monthly nurse.

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Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
54.c.5	I'm not able to correct this action since the medication schedule list was last signed on 8/23/20.	9/10/20	moving forward, I will be more diligent on documentations and remind all caregivers and my self by leaving red flag sticky notes on medication checklist to always sign/initial your name on the MARs once given medications to client to show proof that medication was given.

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PCG's Signature: \_\_\_\_\_

Date: 10/08/20

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Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
54.c.5	Client #1 MARs from 3/20 through 7/20 was placed back into clients binder immediately. while purging out old documents I accidentally purged most current MARs of this year which I wasn't aware of till this yearly visit. moving forward I learned my lesson on organizing the client binder better and thoroughly went through every documents that I purged out and kept only 1 years worth of client documents in client binder.	9/10/20	I will be more persistent on organizing on clients binder and be more careful on what's being purge out from the old binder and that atleast 1 year of current documents should be left in the clients binder.

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PCG's Signature: \_\_\_\_\_

Date: 10/08/20

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54.c.6	Im not able to correct this action since the flowsheet was last signed on 8/23/20.	9/10/20	moving foward, I will be more diligent on documentations and remind all caregivers and my self by leaving red flag sticky notes on flowsheet to always be filled out each day once care is done for that day to show proof that care was completed.

☒ All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 10/08/20

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